BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

17793.00600

		4. 4. - - -					_		. , 7	()	000	
. CLAIMS AS			S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			6					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			6 minus 20=		* t/			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2_minus 3 =		· d		İ	X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT	,			ŀ	+135=		1	.070	
* If	the difference	in column 1 is	less than ze	rò, ente	r "0" in c	column 2	l			OR	+270=	
			MENDED - PART II					TOTAL	<u> </u>	OR	TOTAL	710
		(Column 1)		(Colui		(Column 3)		SMALL ENTITY		OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING		HIGH NUM			ſ		ADDI-			ADDI-
		AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	ı	X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						İ	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		,			•							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		1		PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	***	CL AINA	=	Ī	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1)		(Colui		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	ŀ	X40=			X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	EPENDENT CLA			-	/\ -		OR	700=	
+135= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
		ber Previously Pai					form	nd in the and	propriate ho	x in co	lumn 1	